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SUBJECT: TFHA01: FACILITATING COLOMBIAN ACCEPTANCE OF HAITIAN
PATIENTS

¶1. (SBU) Summary. Embassy Bogota has framed out the procedures to facilitate the transfer of Haitian earthquake patients to Colombia for long-term post-operative care. Key points of contact have been established with the Government of Colombia (GOC) and the Haitian Ministry of Health. Post and GOC officials are collaborating to develop a system for patient identification, transfer and long-term care in Colombia. End Summary.

GOC EVALUATING INTAKE OF HAITIAN PATIENTS

¶2. (U) As part of the international relief effort for Haitian disaster victims, the Embassy is working to facilitate the placement of post-operative Haitian patients in Colombia. Colombia was identified as an appropriate recipient country based on its health care services and close bilateral relationship with the United States.

¶3. (SBU) On February 5, Emboffs met with Carlos Ignacio Cuervo Valencia, Vice Minister of Social Protection, to discuss Colombia's potential role in the growing need for post-operative care for Haitian patients. As a result, the Ministry of Social Protection (MSP) is working to identify hospital facilities that have the capacity to receive patients. Representatives from the Ministry of Foreign Affairs (MFA) also attended, and were tasked with discerning how the GOC can accept incoming patients and family members within the framework of Colombia's laws and regulations.

¶4. (SBU) The MFA requested that the Embassy send a letter outlining the USG's request for collaboration on Haitian patient care. The Deputy Chief of Mission sent the requested letter on

February 11, and the MFA met the same day to internally outline the GOC's response.

POTENTIAL SYSTEM FOR PATIENT IDENTIFICATION, TRANSFER AND CARE

15. (SBU) A system for patient identification, transfer and care of Haitian patients is currently being developed. Given the capacities and expectations of the GOC ministries currently engaged in discussions, and the committee for patient management in Haiti, the system may evolve as outlined:

Health Ministry to Identify Hospitals

16. (SBU) Dr. Luis Fernando Correa, Coordinator of the MSP Emergency Group is tasked with identifying Colombia Hospitals able to accept Haitian patients in need of post-operative care. Dr. Correa informs the MFA of availability. As of February 10, Dr. Correa had identified up to 20 beds available for Haitian patients and was seeking written commitment from the hospitals.

GOC Coordination with Haitian Officials

17. (SBU) The MFA will lead the GOC's interaction with Government of Haiti (GOH) MOH and would be tasked with the following:

1) The MFA contacts GOH Minister of Health liaison Dr. Jack LaFontant, requesting the number of patients and patient condition.

2) MFA provides for the patients' and accompanying family members' non-medical needs including room, board and translation services.

3) MFA coordinates with GOC Administrative Department of Security (DAS) to ensure entry status of the patient and accompanying family member.

4) MFA assesses transportation needs and initiates request with GOC Ministry of Defense and/or USG if using Colombia-based assets.

Haitian Authorities Organize Release of Patients

18. (SBU) GOH MOH identifies patients and approves transfer to Colombia. Dr. Jack LaFontant -- appointed by the Haitian Ministry of Health (MOH) to liaise with the USNS COMFORT in Port au Prince (PauP) -- works directly with USG and NGO community on the Medical Review Board to assess patients and identify those for transfer. Ron Waldman (USAID) in PauP, also serves on the Medical Review Board.

Transportation of Patients from Haiti to Colombia

19. (SBU) On a case-by-case basis, there are two possible options for transporting Haitian patients to Colombia -- one involving SOUTHCOM and the second, Colombian air assets:

1) US SOUTHCOM is currently in Phase 2 of providing assistance to Haiti. As such, Department of Defense (DOD) assets can be requested on a specific, case by case basis and dispatched via request thru Joint Task Force-Haiti. When US SOUTHCOM enters Phase 3, their ability to access the required funding lines (Overseas Humanitarian Disaster Assistance and Civil Aid) will be greatly reduced.

2) According to assessments by U.S. Military Group in Colombia, the Colombian Military has the capability to configure existing assets for MEDEVAC airlift (mass casualty configuration) and provide the appropriate flight-medical crew for up to 30 patients. For the transfer of one or two patients, the Colombian Air Force has two Beech King Air 350 air ambulances in their inventory (pressurized) and four Cessna Caravan air ambulances (non-pressurized). To access these resources, a request for MEDEVAC support must go to the Ministry of Defense.

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